



STATEMENT OF SPECIFIC AND AGGREGATE EXCESS INSURANCE COVERAGE

(To Be Filed By Self-Insured)

Name of Approved Self-Insured: _____

Other Named Insureds on Policy: _____

(Please attach separate sheet if necessary)

Address of Self-Insured: _____

Insurance Company Issuing Policy: _____ Policy No. _____

To remain in compliance with *The Rules Governing Self-Insurance*, the insurance company must:

- A. Be AM Best rated A- or better,
- B. Be an admitted carrier by the Missouri Department of Insurance, and
- C. Provide the division, by certified mail, notice of cancellation or nonrenewal sixty (60) days before actual termination.

Named State: Missouri

1) Policy period:

From: _____

To: _____

2) Specific retention level:

Each accident: _____

Each employee for disease: _____

3) Specific limit each accident:

Policy Part One, Workers' Compensation: _____

Policy Part Two, Employers Liability: _____

4) Specific limit each employee for disease:

Policy Part One, Workers' Compensation: _____

Policy Part Two, Employers Liability: _____

5) Aggregate excess retention:

Normal premium multiplied by: _____

Minimum retention: _____

6) Aggregate excess limit: _____

7) Check here if aggregate excess coverage is not purchased. _____

I swear the above information is true under penalty of perjury.

Signature

(Representative of self-insured entity or insurance company only)

Date

Company Name and Address